

## Reminder Sheet for a Doctor Visit

This form may help you prepare for a visit with your doctor. Use it to help you remember all those questions you have been thinking about since your last appointment. If this will be a first visit, jot down information your new doctor should have, as well as any concerns you want to discuss.

Date of Appointment \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Reason for this doctor visit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions to ask and/or concerns

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up needed – treatment – what to expect

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEXT APPOINTMENT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

## CURRENT MEDICATIONS

Maintain an up-to-date list of all the medications, including over-the-counter products, vitamins and herbal remedies. Be sure to: Keep a written list of the name, dose and reasons for taking the medication. Update the list to include new prescriptions or allergies. Review the list with the doctor at each office visit and keep it handy – in your purse or wallet.

Medication	Dosage	How often	Reason for Medication

## ALLERGIES: MEDICATION/OTHER (e.g. food, latex)

Allergic to	Allergic Reaction

## HEALTH HISTORY

Illnesses and chronic conditions \_\_\_\_\_

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Accidents/Surgeries/Hospitalizations

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Family History: \_\_\_\_\_

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Have you signed or asked your doctor about an Advanced Directive? Yes No

Have you signed a Health Care Proxy? Yes No

Name of Health Care Agent \_\_\_\_\_ Tel # \_\_\_\_\_